

F02000003094

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABLED- RITE - INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK KENNETH STRAUSBERGER
(Name of Person)
CABLED - RITE - INC.
(Firm/Company)
826 CONTRAVEST LANE
(Address)
WINTER SPRINGS FLA 32708
(City/State and Zip code)

For further information concerning this matter, please call:

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-06/19/02--01005--001
*****87.50 *****87.50

MARK STRAUSBERGER at (407) 383-1220
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

BK

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

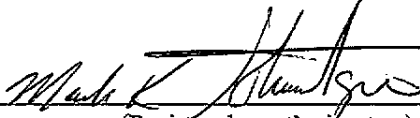
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CABLED - RITE, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. TENNESSEE 3. 62-184963-3
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-28-01 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. APON - QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 826 CONTRAVEST LANE, WINTER SPRINGS, FLA. 32708
(Principal office address)
826 CONTRAVEST LANE, WINTER SPRINGS, FLA. 32708
(Current mailing address)
8. REPAIR / BUILD ARIEL CABLE TV
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MARK K. STRAUSBERGER
Office Address: 826 CONTRAVEST LANE
WINTER SPRINGS, Florida 32708
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
JUN 18 PM 3:52
SECRETARY OF STATE
TENNISSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARK K. STRAUSBERGER
Address: 826 CONTRAVEST LANE WINTER SPRINGS, FL 32703

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
JUN 18 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: MARK STRAUSBERGER
Address: 826 CONTRAVEST LANE, WINTER SPRINGS FL 32703

Vice President: _____

Address: _____

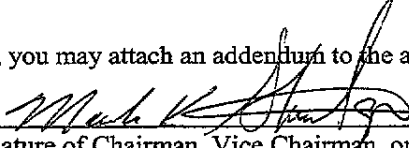
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARK K STRAUSBERGER
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/12/2002
REQUEST NUMBER: 4523-0605
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/28/2001
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0405789
JURISDICTION: TENNESSEE

02 JUN 18 PM 3:52
TALLAHASSEE, FLORIDA

TO:
MARK STRAUSBERGER
826 CONTRAVEST LN
WINTER SPGS, FL 32703

REQUESTED BY:
MARK STRAUSBERGER
826 CONTRAVEST LN
WINTER SPGS, FL 32703

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CABLED-RITE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/12/02

FROM:
MARK K. STRAUSBERGER
230 S RUSHY SPGS RD
TALBOTT, TN 37877-3839

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003100520
ACCOUNT NUMBER: 00398768



SS-4458

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE